

October 8, 2015

RE: BID FOR RENTAL EQUIPMENT WITH OPERATOR

Bid # W10-8-15

The Minnesota Department of Transportation, District 6A-Rochester, requests vendors to submit bids for the rental of the equipment for the removal of snow and ice. The purpose is to establish a list of available rates on rental equipment. Rental equipment bidders with acceptable bids on file will be called as needed, subject to their availability, for work in the location of the Sub-Area specified. Submit bids on "BID FOR RENTAL EQUIPMENT WITH OPERATOR" form, which is enclosed. Make additional copies if needed. You may mail or fax your bid. The fax number is 507-280-2846. When providing equipment with operator, submit insurance certificate as indicated on bid form. Bid may be made for any or all of the listed equipment. The use of equipment will be in four (4) locations in District 6A. They are the Rochester Sub-Area, Stewartville Sub-Area, St. Charles Sub-Area, and Dresbach Sub-Area. Indicate on the bid form the area(s) you are willing to supply equipment for. Remember equipment must be delivered to job site. Please prepare one copy for each unit bid. Prices quoted shall be in effect from October 1, 2015 to June 30, 2016.

Bids should be returned by **November 10, 2015**

If you have any questions, please call me at 507-286-7574

Thank you for your interest in doing business with the State of Minnesota.

Sincerely,

Chade Trupe
Purchasing Agent

PUBLIC NOTICE

REQUEST FOR QUOTATION

Snow Removal Main Street / Highway 44

MSA. 471.345 Subd. 5

Quotes due: Noon November 30, 2015.
Submit quotes to: City of Hokah,
102 Main Street / PO Box 311
Hokah, MN 55941

TIMETABLE

November 09, 2015	RFP (Request for Proposals)
November 30, 2015	Proposals Due
On or before December 2, 2015	Notification of contract award

DESCRIPTION

The City of Hokah, Houston County, State of Minnesota utilizes a cooperative snow removal agreement with the Minnesota Department of Transportation for trunk highways located within the City limits of Hokah, thus being Highway 44 from its junction with Highway 16, then South to Third Street. Vendors are to be available on an as needed basis for snow removal. Notification of intended snow removal normally occurs the day before the procedure. Quotes are to be submitted as an rate per unit of hourly measure for manned equipment provided. (*Equipment w/ Operator*).

FOR A COPY OF BID FORM, REPORT TO ADMIN. BLDG.
at 102 MAIN STREET, HOKAH, MN



REQUEST FOR PROPOSALS
Snow Removal Main Street / Highway 44
MSA. 471.345 Subd. 5

Proposals due: Noon, November 30, 2015.
Submit quotes to: Rodney Blank, City Administrator
102 Main Street / PO Box 311
Hokah, MN 55941

TIMETABLE

November 9, 2015	RFP (Request for Proposals)
November 30, 2015	Proposals Due – <i>(No Faxes)</i>
On or before December 2, 2015	Notification of contract award

NON COLLUSION AFFIDAVIT

Vendors submitting quotes certify that their quotes have been arrived at independently and have been submitted without collusion designed to limit competition.

DESCRIPTION

The City of Hokah, Houston County, State of Minnesota utilizes a cooperative snow removal agreement with the Minnesota Department of Transportation for trunk highways located within the City limits of Hokah, thus being Highway 44 from its junction with Highway 16, then South to Third Street. Vendors are to be available on an as needed basis for snow removal. Notification of intended snow removal normally occurs the day before the procedure. Quotes are to be submitted as an rate per unit of hourly measure for manned equipment provided. (*Equipment w/ Operator*).

Please complete this page and return it to the City of Hokah.

EQUIPMENT

1. Loader or Large Commercial Snow Blower.
2. Dump Truck.

YOUR QUOTE:

HOURLY RATE: _____

HOURLY RATE: _____

INSURANCE

- Required Certificate of Commercial Liability Insurance General Aggregate of \$2,000,000 Combined Single Limit.

REQUIREMENTS

- Provide City "Certificate of Compliance-MN Worker's Compensation Law" sign & date.
- Agree to abide by the following: *MSA 177.42 and 471.345 Subd. 7*

<i>Equipment Quote 1 & 2</i> <i>yes or no</i>	<i>Quote Compliance:</i> <i>Insurance Certificate</i> <i>yes or no</i>	<i>Worker's Comp Cert.</i> <i>yes or no</i>
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The undersigned understands that the City reserves the right to reject any or all quotes, or to waive formality or technicality in any quote, in the interest of the City.

Firm Name:

Representative (print):

Business Address:

Phone: _____ Fax: _____

Signature: _____ Date: _____

POSTING LOCATIONS:

1. United States Post Office 49 Main Street Hokah, MN 55941
2. Hokah Admin Bldg. 57 Main Street Hokah, MN 55941
3. Hokah Fire Department 9 Mill Street Hokah, MN 55941

MAILING LIST:

Bennett Brothers Dirt Works
4736 Pfeffer Valley Road
La Crescent, MN 55947

Davison Trucking
7575 Butterfield Road
Hokah, MN 55941

Zenke Inc.
87 Main Street Suite 5
La Crescent, MN 55947

Tom Bernsdorf
Box 401
Hokah, MN 55941

Sincerely,



Rodney G. Blank

**Minnesota Department of Transportation
District 6A - Rochester**

Bid #
W10-8-15

BID FOR SERVICES AND RENTALS WITH OPERATOR

Instructions: Prepare one copy for each unit bid.

Send to: Attn: Inventory/Purchasing
Minnesota Department of Transportation
2900 48th St. NW
Rochester, MN 55901

Or Fax to: 507-280-2846

Bid should be received by: October 10, 2015

Prices quoted shall be in effect from: **October 1, 2015 to June 30, 2016**

You must bill us monthly for snow removal, and we require that you final bill for the winter be turned in no later than June 1, 2016 or the City/County will be deemed to have waived its right to reimbursement.

Bidder of operated equipment shall furnish to the Department a Certificate of Insurance for:

- a. Public Liability at \$2,000,000 minimum as of October 8, 2015 and Property Damage to cover this equipment.
- b. Worker's Compensation as required by State law, covering workers furnished by owner.

Payment will not be made for equipment rental until the insurance certificate has been furnished.

For completion by Owner

Description and Location of Equipment Bobcat

Type (Make & Model) S590 T4 Skid Steer Loader

Description Serial#: AR9R13991

Bid Rate per Unit of Measure \$100.00 Unit of Measure Hourly

Name/Company CITY OF HOKAH, MINNESOTA

Address (City, State, Zip) _____

Phone No. (507) 894-4990

Authorized Signature _____

Print Name Rodney Blank

Title Administrator Date 12-01-2015

I will supply equipment to the City of Hokah, MN

Minnesota Department of Transportation
District 6A - Rochester

Bid #
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For completion by Owner

Description and Location of Equipment 1998 International Dump Truck w/12' Snow Plow

Type (Make & Model) Model 2674 Single Axle VIN#: 1HTGEAHR2WH494917

Description Truck w/Plow

Bid Rate per Unit of Measure \$100.00 Unit of Measure Hourly

Name/Company CITY OF HOKAH, MINNESOTA

Address (City, State, Zip) _____

Phone No. (507) 894-4990

Authorized Signature _____

Print Name Rodney Blank

Title Administrator Date 12-01-2015

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District 6A - Rochester**

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For completion by Owner

Description and Location of Equipment BERNSDORF Komatsu Loader

Type (Make & Model) 320 Wheel Loader

Description Loader

Bid Rate per Unit of Measure \$85.00 Unit of Measure Hourly

Name/Company Green Acres Excavating

Address (City, State, Zip) 105 1/2 Main Street Hokah, MN 55941

Phone No. (608) 769-1186

Authorized Signature _____

Print Name Tom Bernsdorf

Title Owner Date 12-01-2015

I will supply equipment to the City of Hokah, MN

**Minnesota Department of Transportation
District 6A - Rochester**

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- Payment will not be made for equipment rental until the insurance certificate has been furnished.

For completion by Owner

Description and Location of Equipment BERNSDORF Dump Truck

Type (Make & Model) Dump Truck

Description Truck w/Plow

Bid Rate per Unit of Measure \$85.00 Unit of Measure Hourly

Name/Company Green Acres Excavating

Address (City, State, Zip) 105 1/2 Main Street Hokah, MN 55941

Phone No. (608) 769-1186

Authorized Signature _____

Print Name Tom Bernsdorf

Title Owner Date 12-01-2015

I will supply equipment to the City of Hokah, MN

Minnesota Department of Transportation
District 6A - Rochester

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Payment will not be made for equipment rental until the insurance certificate has been furnished.

For completion by Owner

Description and Location of Equipment 1 Ton Pickup with 9.2' Plow

Type (Make & Model) GMC K3500 4X4 2009 VIN#1GDJK74K59F139548

Description Truck w/Plow

Bid Rate per Unit of Measure \$100.00 Unit of Measure Hourly

Name/Company CITY OF HOKAH, MINNESOTA

Address (City, State, Zip) _____

Phone No. (507) 894-4990

Authorized Signature _____

Print Name Rodney Blank

Title Administrator Date 12-01-2015

I will supply equipment to the City of Hokah, MN



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
11/30/15

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Svcs. of La Crescent 33 S. Walnut St. Ste. #230 La Crescent, MN 55947	CONTACT NAME: Art Stender	
	PHONE (A/C No., Ext.): 507-895-4123	FAX (A/C No.): 507-895-5800
	E-MAIL ADDRESS: stender@acegroup.co	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Thomas Bernsdorf DBA: Green Acres Excavating 105 1/2 Main St. Hokah, MN 55941	INSURER A: EMC Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:		4D2-80-95-16	11/16/15	11/16/16	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> SCHEDULED ALL OWNED AUTOS <input type="checkbox"/> AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		4E2-80-95-16	11/16/15	11/16/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE COB RETENTION \$		4J2-80-95-16	11/16/15	11/16/16	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Hokah, MN
102 Main St./PO BOX 311
Hokah, MN 55941
Phone: 507-894-4990
Fax: 507-894-3777

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Art Stender

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CERTIFICATE OF LIABILITY INSURANCE

HOKACIT

OP ID: TD

DATE (MM/DD/YYYY)

11/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Danielson Insurance Agency P.O. Box 428 Caledonia, MN 55921 Caledonia Office		CONTACT NAME: Caledonia Office PHONE (A/C, No, Ext): 507-725-3344 E-MAIL ADDRESS: FAX (A/C, No): 507-725-3488		
INSURED City of Hokah PO Box 311 Hokah, MN 55941		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : League of Minnesota Cities		
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		CMC37788	04/20/2015	04/20/2016	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000				
		MED EXP (Any one person) \$ 1,000				
		PERSONAL & ADV INJURY \$ 2,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 3,000,000
	OTHER:					\$
A	AUTOMOBILE LIABILITY		CMC37788	04/20/2015	04/20/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		0200001035	05/01/2015	05/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N <input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$ 1,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$ 1,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

MINNEAPOLIS Minnesota Department of Transportation 2900 48th St. NW Rochester, MN 55901-0138	MINNEAPOLIS MNDPT2 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Thomas M Danielson</i>
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RESOLUTION #2015-26
MN DOT Snow Removal
Agreement: 2015/2016

City Administrator Rodney Blank informed members of the City Council the necessity to renew the snow removal agreement with MNDOT if they wish to continue with said agreement.

RESOLUTION

Be it Resolved, that the City of Hokah, Houston County, State of Minnesota hereby adopts a cooperative snow removal Agreement for trunk highways located within the City limits of Hokah, thus being Highway 44 from its junction with Highway 16, then South to Third Street, and

Be it further Resolved and understood that the State of Minnesota will pay for the accumulation and loading of snow and the City of Hokah will pay for the hauling and disposal, and

Be it further Resolved the City has decided to contract with Davison Trucking this season for assistance in the gathering and loading of snow along the afore herein described locations.

Be it finally Resolved, that the Administrator is hereby authorized to prepare and transmit to the Minnesota Department of Transportation a true copy of said Resolution.

All Members voting in favor, the resolution was adopted unanimously.

CERTIFICATION

I, Rodney G. Blank, the Administrator for the City of Hokah Minnesota do hereby Certify that the above is a true and correct copy of a Resolution duly adopted by the Members of the Hokah City Council on December 1, 2015.

A handwritten signature in black ink, appearing to read "R. Blank", is written over a horizontal line.

CITY CORPORATE
SEAL

Attest: Rodney G. Blank
City Administrator